

032504

16076 U.S. PTO

Please type a plus sign (+) inside this box ☒Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/05 (03-01)

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. VPI/02-118 US	
		First Inventor Guy Brenchley	
		Title Thiazoles Useful as Inhibitors of Protein Kinases	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EV 317 172 665 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 149] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages 4] a. <input checked="" type="checkbox"/> UNEXECUTED DECLARATION (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATIONS PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. : Prior application information: Examiner Group / Art Unit:		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input checked="" type="checkbox"/> Other: Express Mail Page	
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27916 or <input type="checkbox"/> Correspondence address below	
Name Karoline K. M. Shair		Vertex Pharmaceuticals Incorporated	
Address 130 Waverly Street			
City Cambridge	State Massachusetts	Zip Code 02139-4242	
Country USA	Telephone (617) 444-6536	Fax (617) 444-6483	
Name (Print/Type) Karoline K. M. Shair		Registration No. (Attorney/Agent) 44,332	
Signature Karoline K. M. Shair		Date March 25, 2004	

22859 U.S. PTO
10/809946

032504

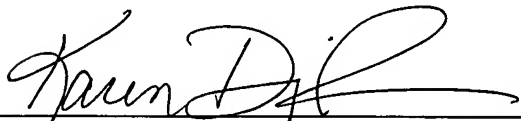
Certificate Of Mailing Under 37 C.F.R. § 1.10

Express Mailing No. EV 317 172 665 US **Date of Deposit:** March 25, 2004

I hereby certify that the following documents:

1. Utility Transmittal for Patent Application;
2. Specification: 149 pages (Desc. 101 pgs, Claims 47 pgs., Abstract 1 pg); and
3. Unexecuted Declaration and Power of Attorney document (4 pages);
4. Return postcard receipt.

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



(type or printed name of person mailing document(s))

Karen DiRocco

(signature of person mailing document(s))